



**REVISTA DE
GASTROENTEROLOGÍA
DE MÉXICO**

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REVIEW ARTICLE

Overlap between functional abdominal pain disorders and organic diseases in children[☆]

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Received 31 August 2017; accepted 5 February 2018

KEYWORDS

Abdominal pain;
Celiac disease;
Inflammatory bowel disease;
Children;
Gastrointestinal inflammation

Abstract Functional abdominal pain disorders are highly prevalent in children. These disorders can be present in isolation or combined with organic diseases, such as celiac disease and inflammatory bowel diseases. Intestinal inflammation (infectious and non-infectious) predisposes children to the development of visceral hypersensitivity that can manifest as functional abdominal pain disorders, including irritable bowel syndrome. The new onset of irritable bowel syndrome symptoms in a patient with an underlying organic disease, such as inflammatory bowel disease, is clinically challenging, given that the same symptomatology may represent a flare-up of the inflammatory bowel disease or an overlapping functional abdominal pain disorder. Similarly, irritable bowel syndrome symptoms in a child previously diagnosed with celiac disease may occur due to poorly controlled celiac disease or the overlap with a functional abdominal pain disorder. There is little research on the overlap of functional abdominal disorders with organic diseases in children. Studies suggest that the overlap between functional abdominal pain disorders and inflammatory bowel disease is more common in adults than in children. The causes for these differences in prevalence are unknown. Only a handful of studies have been published on the overlap between celiac disease and functional

[☆] Please cite this article as: Langshaw AH, Rosen JM, Pensabene L, Borrelli O, Salvatore S, Thapar N, et al. Sobreposición entre los trastornos funcionales de dolor abdominal y enfermedades orgánicas en niños. Revista de Gastroenterología de México. 2018. <https://doi.org/10.1016/j.rgmx.2018.02.002>

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abdominal pain disorders in children. The present article provides a review of the literature on the overlap between celiac disease, inflammatory bowel disease, and functional abdominal pain disorders in children and establish comparisons with studies conducted on adults.

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PALABRAS CLAVE

Dolor abdominal; Enfermedad celíaca; Enfermedad inflamatoria intestinal; Niños; Inflamación gastrointestinal

Sobreposición entre los trastornos funcionales de dolor abdominal y enfermedades orgánicas en niños

Resumen Los trastornos funcionales de dolor abdominal tienen una alta prevalencia en los niños. Estos trastornos pueden estar presentes por sí solos o en combinación con enfermedades orgánicas, tales como la enfermedad celíaca y las enfermedades inflamatorias intestinales. La inflamación intestinal (infecciosa y no infecciosa) predispone a los niños al desarrollo de hipersensibilidad visceral que puede manifestarse como trastornos funcionales de dolor abdominal, entre ellos el síndrome de intestino irritable. La aparición de síntomas de síndrome de intestino irritable en un paciente con una enfermedad orgánica subyacente, como la enfermedad inflamatoria intestinal, es un reto clínico, dado que la misma sintomatología puede representar un periodo de exacerbación de la enfermedad inflamatoria intestinal o un trastorno de dolor abdominal funcional sobrepuerto. Así mismo, puede ser que los síntomas del síndrome de intestino irritable en un niño con diagnóstico de enfermedad celíaca ocurran por un inadecuado control de la enfermedad celíaca o por la sobreposición con un trastorno de dolor abdominal funcional. Existe poca investigación acerca de la sobreposición de los trastornos funcionales abdominales y las enfermedades orgánicas en niños. Los estudios sugieren que la sobreposición entre los trastornos funcionales de dolor abdominal y la enfermedad inflamatoria intestinal es más común en adultos que en niños. Las causas de estas diferencias de prevalencia son aún desconocidas. Solo se han publicado unos cuantos estudios que tratan el tema de la sobreposición entre la enfermedad celíaca y los trastornos funcionales abdominales en niños. El presente artículo proporciona una revisión de la literatura acerca de la sobreposición entre la enfermedad celíaca, la enfermedad inflamatoria intestinal, y los trastornos funcionales de dolor abdominal en niños, además de establecer comparaciones con estudios realizados en adultos.

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Introduction

Epidemiology and definition. Abdominal pain is common in children. In a prospective cohort study, ninety percent of American schoolchildren reported abdominal pain over a 6-month period and an average of 38% of schoolchildren had abdominal pain weekly.¹ Children that reported abdominal pain were more likely to miss school and social and physical activities, and have significantly higher anxiety and depression scores, as well as worse quality of life. Fifty-two percent of schoolchildren in that study had abdominal pain that lasted for 4 weeks and 24% of them had pain lasting for more than 8 weeks. Among the children that reported abdominal pain for 8 weeks, a subset of them met the Rome criteria for a functional abdominal pain disorder, a group of chronic functional gastrointestinal disorders, characterized by abdominal pain as the predominant symptom. The Rome IV criteria define functional abdominal pain disorders as the presence of abdominal pain that occurs at least 4 times a month, for 2 or more months, with some loss of daily

function.²⁻⁵ The criteria indicate that there should be “no evidence of an inflammatory, anatomic, metabolic, or neoplastic process that explains the subject’s symptoms”, but acknowledges the potential for coexistence of inflammatory disorders and functional abdominal pain. Those disorders are highly prevalent, with an estimated worldwide pooled prevalence of 13%. Some studies have found a prevalence as high as 40% in certain areas of the world.⁴ The Rome IV criteria define 4 distinct functional abdominal pain disorders with specific diagnostic patterns: irritable bowel syndrome (IBS), functional dyspepsia, functional abdominal pain—not otherwise specified, and abdominal migraine, with the first 3 diagnostic categories being more prevalent than the last. The quality of life of children with those disorders is highly impaired. For example, symptoms related to functional abdominal pain and IBS account for 40 to 60% of variance in general health-related quality of life of those children.⁶

Risk factors. Gastrointestinal inflammation is a risk factor for the development of functional abdominal pain disorders.

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